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	PETITION FOR EXTENSION OF T	TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) MAJOR-062A
	O P CIQ	In re Application of Petr Husek	IMAJOR-002A
	THE TO STORE WE	Application Number 09/518,342	Filed 03/03/2000
	E TRADEWARK	For Sorbent cartridge for solid phase	
	TRAUL	Group Art Unit 5669	Examiner Joseph W. Drodge
	This is a request under the provisions of reply in the above identified application.		
	The requested extension and appropriate (check time period desired):	non-small-entity fee are as follows	
	One month (37 CFR 1.17(a)	(1))	\$
	X Two months (37 CFR 1.17(a)(2))	\$ 420.00
	Three months (37 CFR 1.17	(a)(3))	\$
	Four months (37 CFR 1.17(a	\$	
	Five months (37 CFR 1.17(a	\$	
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00 A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number		
	I have enclosed a duplicate copy of I am the applicant/inventor	f this sheet.	·
	assignee of record of the	e entire interest. See 37 CFR 3.71. CFR 3.73(b) is enclosed. (Form PTO/S	SB/96).
	X attorney or agent of reco		•
-	attorney or agent under Registration number if ac	37 CFR 1.34(a). sting under 37 CFR 1.34(a)	
- '	WARNING: Information on this form be included on this form. Provide	m may become public. Credit card in credit card in credit card information and authoriza	oformation should not ation on PTO-2038.
	12/16/03	Lowle Signa	MALL Ture
12/24/2003	Date SDIRETAI 00000026 09518342	-	
)1 FC:22G2			Anderson d or printed name
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
	X Total of 1forms are submitted		